

State File Number

1a DECEASED'S NAME (First, Middle, Last) <b>James Joseph Brown</b>		1b SEX <b>Male</b>		3 DATE OF DEATH (Mo., Day, Year) <b>12-25-2006</b>	
1c RACE (White, Black, Amer. Indian, etc.) <b>Black</b>		4a DATE OF BIRTH (Mo., Day, Year) <b>5-3-1933</b>		5a AGE - Last Birthday (Years) <b>73</b>	
5b COUNTRY OF BIRTH (If not in USA, name country) <b>American</b>		6a DATE OF DEATH (Mo., Day, Year) <b>5-3-1933</b>		7a AGE - Last Birthday (Years) <b>73</b>	
8a CITY, TOWN, OR LOCATION OF DEATH <b>Atlanta</b>		9a HOSPITAL OR OTHER INSTITUTION NAME (If not in either, give street and No.) <b>Emory Crawford Long Hospital</b>		10a INPATIENT OR OUTPATIENT (Specify) <b>Inpatient</b>	
11a STATE AND COUNTY OF BIRTH (If not in USA, name country) <b>SC, Barnwell</b>		12a CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	
14a SOCIAL SECURITY NUMBER [REDACTED]		15a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Entertainer</b>		16a SPOUSE (If married or widowed, give spouse's name - If wife, give maiden name) <b>Adrienne Lois Rodriguez</b>	
17a RESIDENCE - STATE <b>SC</b>		18a COUNTY <b>Aiken</b>		19a STREET AND NUMBER AND ZIP CODE <b>430 Douglas Dr</b>	
20a FATHER'S NAME <b>Joseph Brown</b>		21a MOTHER'S MAIDEN NAME <b>Susie Behling</b>		22a RELATIONSHIP <b>Daughter</b>	
23a INFORMANT'S NAME <b>Yamma Brown Lumar</b>		24a MAILING ADDRESS (Street, R.F.D. No., City or Town, State, Zip) <b>Atlanta, GA 30305</b>		25a LOCATION (City or Town, State, Zip, County) <b>Beech Island, SC 29842</b>	
26a BURIAL CEMETERY <b>Burial</b>		27a DISPOSITION DATE (Mo., Day, Year) <b>12-30-06</b>		28a CEMETERY OR CREMATORY NAME <b>430 Douglas Dr.</b>	
29a FUNERAL DIRECTOR (Signature) <b>C.A. Reid</b>		30a FUN. DIR. LICENSE NO. <b>3128</b>		31a NAME AND ADDRESS OF FACILITY (Street, R.F.D. No., City or Town, State, Zip) <b>C.A. Reid Sr. Memorial F.H.</b>	
32a EMBALMER (Signature) <b>T. Reid</b>		33a EMBALMER LICENSE NO. <b>3532</b>		34a EST. LICENSE NO. <b>1319</b>	
35a IMMEDIATE CAUSE <b>Cardiac Arrest</b>		36a Due to, or as a consequence of <b>Myocardial Infarction / Pulmonary Edema</b>		37a Due to, or as a consequence of <b>Coronary Artery Disease</b>	
38a OTHER SIGNIFICANT CONDITIONS - conditions contributing to death but not related to cause given in Part 1A. (If female, indicate if pregnant or birth occurred within 90 days of death) <b>Diabetes Mellitus</b>		39a DATE OF OPERATION (Mo., Day, Year) <b>NO</b>		40a CONDITIONS FOR WHICH OPERATION WAS PERFORMED (Specify) <b>NO</b>	
41a ACCIDENT, SUICIDE, HOMICIDE, UNDETERMINED (Specify) <b>NO</b>		42a DATE OF INJURY (Mo., Day, Year) <b>12/25/2006</b>		43a PLACE OF INJURY (Home, Farm, Street, Factory, Office, etc.) (Specify) <b>Home</b>	
44a INJURY AT WORK? (Yes or No) <b>NO</b>		45a DATE OF INJURY (Mo., Day, Year) <b>12/25/2006</b>		46a PLACE OF INJURY (Specify) <b>Home</b>	
47a To the best of my knowledge, death occurred at the time, place, and cause stated above. <b>Yes</b>		48a DATE SIGNED (Mo., Day, Year) <b>12/25/2006</b>		49a HOUR OF DEATH <b>1:45 AM</b>	
50a NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER <b>Dr. [Signature]</b>		51a DATE SIGNED (Mo., Day, Year) <b>12/25/2006</b>		52a HOUR OF DEATH <b>1:45 AM</b>	
53a NAME, TITLE, AND LICENSE NO. OF CERTIFIER (Physician, Medical Examiner, or Coroner) <b>Marvin L. Crawford, M.D. - License No. 32856</b>		54a SIGNATURE OF CERTIFIER <b>[Signature]</b>		55a DATE <b>JAN 12 2007</b>	

"CERTIFICATE OF RECORD"

THIS IS AN EXACT COPY OF THE DEATH CERTIFICATE RECEIVED FOR FILING IN FULTON COUNTY,  
GEORGIA.

LOCAL CUSTODIAN  
COUNTY OF FULTON, ATLANTA, GEORGIA

Filed: 1-18-2007  
Sue H. Roe  
Judge of Probate  
By: [Signature] March

SIGNED BY:  
DATE:

Basimul  
11/21/2007

Marjorie L. Crawford - 32856  
REGISTRAR  
(Signature)

JAN 12 2007